Senate Disclosure Form

1. Income: State the source, but not amount, of all personal taxable income that than \$10,000.00 annually. If you are self-employed, indicate the nature of the source of the source of the source of the source of the source.	at generates more that employment.
(Use a separate sheet of paper if necessary.)	1 3
Hickor : Bordman Insurance	
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_State of Vermont _ Northwestern Medical Center - Sponse emp	2/04 ment
2. Corporate Ownership: Identify any corporation in which you have a con (Use a separate sheet of paper if necessary.)	
_315 Lake Street, UC - Investment Property	
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2 Parada C	
3. Boards, Commissions & Associations: List any board, commission or which you are affiliated. For any such entity in which you are an officer, placine on the right. (Use a separate sheet of paper if necessary.)	association with e a check on the
St. Albans Shuting Association	./
St. Albans Shuting Association Samuritan House Franklin Caunty Home Health Agency	
Franklia Caroly House Ha Ha Assault	
Transiti Carry Flowe Health Agency	
	